



ATTORNEY DOCKET: BAI525-988/04450

Customer No.24,118

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: JESUS MATEY)
SERIAL NO.: 10/099,899)
FILED: 03/14/2002)
FOR: TELEVISION SYSTEM)
ART UNIT: 2112)
EXAMINER: AUSTIN, SHELTON W.)

Repln. Ref: 06/23/2008 CKHLOK 0011433700
DAH:081500 Name/Number:10099899
FC: 9204 \$1050.00 CR

PETITION FOR THREE-MONTH EXTENSION OF TIME

Director of Patents
P. O. Box 1450, Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR 1.136(a), Applicant hereby petitions for a three-month extension of time to respond to the Office Action dated 6 November 2007. Enclosed is a check in the amount of \$1050 for payment of the fee. Please charge Deposit Account No. 08-1500 for any additional charges associated with this Petition.

Please immediately contact the undersigned if there are any questions regarding this Petition.

Respectfully submitted,

Mark G. Kachigian
Registration No. 32,840
Head, Johnson & Kachigian
228 West 17th Place
Tulsa, Oklahoma 74119

(918) 587-2000 Adjustment date: 06/23/2008 CKHLOK
12/05/2007 CNEGA1 00000021 10099899
Attorneys for Applicant APR 10 1253 -1050.00 OP

Date: 3 December 2007

12/05/2007 CNEGA1 00000021 10099899

02 FC:1253 1050.00 OP
I hereby certify that this correspondence is being deposited
with the United States Postal Service as first class mail in an
envelope addressed to: Director of Patents, PO Box 1450
Alexandria, VA 22313-1450 on 3 December 2007

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6/16/08</u>		2 Serial/Patent # <u>10/099899</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		12/3/07	\$ 1050.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 1050.00
		8 TO BE REFUNDED BY:		
		Treasury Check		
		<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
		9	0 8	-- 1 5 0 0
10 REASON:				
	Overpayment			
	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
Extension of time filed w/petition				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>April M Wise</u>		TITLE: <u>Paralegal Specialist</u>		
SIGNATURE: <u>April M Wise</u>		PHONE: <u>571 272 7642</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>CKH</u>		DATE: <u>6/23/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B